UNITED STATES DISTRICT COURT

for the

Southern District of New York

TRUSTEES OF THE AMALGAMATED NATIONAL HEALTH FUND,)))
Plaintiff(s))
V.) Civil Action No. 16-cv-4461 (CS)
SPRING MEADOWS EXTENDED CARE FACILITY, LTD.,))
)
Defendant(s)	,)

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address) Spring Meadows Extended Care Facility, Ltd. 1125 Clarion Street Holland, Ohio 43528

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney,

whose name and address are: David C. Sapp, Esq.

Alicare, Inc.

333 Westchester Avenue North Building-First Floor White Plains, NY 10604

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: 06/14/2016

/S/ V. FRROKAJ

Signature of Clerk or Deputy Clerk

Civil Action No. 16-cv-4461 (CS)

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

	This summons for (nan	ne of individual and title, if ar	ny)		
was red	ceived by me on (date)		·		
	☐ I personally served the summons on the individual at (place)				
			on (date)	; or	
	☐ I left the summons at the individual's residence or usual place of abode with (name)				
	, a person of suitable age and discretion who resides there,			sides there,	
	on (date), and mailed a copy to the individual's last known address; or				
	☐ I served the summons on (name of individual)				
	designated by law to accept service of process on behalf of (name of organization)				
			on (date)	; or	
	☐ I returned the sumr	mons unexecuted because	e	; or	
	☐ Other (specify):				
	My fees are \$	for travel and \$	for services, for a total of \$	0.00	
	I declare under penalty of perjury that this information is true.				
Date:		_			
			Server's signature		
		_	Printed name and title		
		-	Server's address		

Additional information regarding attempted service, etc:

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